

June 25, 2015

Via Electronic Filing

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re: WC Docket No. 14-58

2015 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422 2015 ETC Annual Report of Citizens Tel. Corp., Study Area Code 320751

Dear Secretary,

On behalf of Citizens Tel. Corp., we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Citizens Tel. Corp. seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations¹. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Senior Financial Analyst
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Neil Laymon, General Manager, Citizens Tel. Corp

Charles Tyler, Telecommunications Access Policy Division

¹ Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

FCC For	REDACTED – FOR P m 481 - Carrier Annual Reporting Data Collection Form		o. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code 320751		
<015>	Study Area Name CITIZENS TEL CORP		
<020>	Program Year 2016		
<030>	Contact Name: Person USAC should contact with questions about this data		
<035>	Contact Telephone Number: 6059951793 ext. Number of the person identified in data line <030>		
<039>	Contact Email Address: Email of the person identified in data line <030> leah.richter@vantag	epnt.com	
			54.313 54.422 Completion Completion
ANNUA	L REPORTING FOR ALL CARRIERS		Required Required
~100 >	Sorvice Quality Improvement Benerting	() () () () ()	(check box when complete)
	Service Quality Improvement Reporting	(complete attached worksheet)	V V
<210>	Outage Reporting (voice)	(complete attached worksheet)	V (111111)
<300>	Unfulfilled Service Requests (voice)		
<310>	Detail on Attempts (voice)		
.010		6.00-1-1-0	
		(attach descr	iptive document)
<320>	Unfulfilled Service Requests (broadband)		
<330>	Detail on Attempts (broadband)	(attach desc	riptive document)
<400>	Number of Complaints per 1,000 customers (voice)	_	
<410> <420>	Fixed 0 · · 0 Mobile 0 · · 0		<i>V V</i>
<430>	Number of Complaints per 1,000 customers (broadband)		V
<440>	Fixed 0.0		
<450> <500>	Mobile 0.0 Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	
<3002	320751in510.pdf		
<510>		(attached descriptive document)	V
<600>	Functionality in Emergency Situations 320751in610.pdf	(check to indicate certification)	
		(attached descriptive document)	V V
<610>		(uttached descriptive document)	
	Company Price Offerings (voice) Company Price Offerings (broadband)	(complete attached worksheet)	<u> </u>
<800>	. ,	(complete attached worksheet) (complete attached worksheet)	<u> </u>
		ves, complete attached worksheet)	
	V	es	<u> </u>
	320751in1010.pdf		
<1010>		(attach descriptive document)	V
<1100>	· Certify whether terrestrial backhaul options exist (Yes or No) 🌘 🔘	(if not, check to indicate certification)	<u> </u>
<1110>		(complete attached worksheet)	
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional Documentation Work		

<2000> (check to indicate certification) <2005> (complete attached worksheet) Rate of Return Carriers, Proceed to $\underline{\text{ROR Additional Documentation Worksheet}}$

<3000>

<3005>

(check to indicate certification)

(complete attached worksheet)

(100) St Data Cc	(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	320751	
<015>	Study Area Name	CITIZENS TEL CORP	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter	
<032>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com	epnt.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no)	
<111>	If your answer to Line <110> is yes, do you have an existing $\S54.202(a)$ "5 year plan" filed with the FCC?	(yes / no)	00
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.		320751in112.pdf
	Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	rm s-year oe	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received		Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	we service quality	Yes
<117><117><118>	How much (USF) was used to improve service coverage and how support was used to improve service coverage. How much (USF) was used to improve service capacity and how support was used to improve service capacity. Provide an explanation of network improvement targets not met.	rove service coverage ove service capacity	Yes Yes Yes
	ii tile prior calendar year.		

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

Study Area Code											
	de				320751						
Study Area Name	me				CITIZENS TEL CORP	I CORP					
Program Year					2016						
Name	- Person USAC	Contact Name - Person USAC should contact regarding this data	regarding this	data	Leah Richter	J.					
Telepł	one Number	Contact Telephone Number - Number of person identified in data line <030>	son identified	in data line <0	30> 6059951793 ext.	ext.					
Email	Address - Ema	Contact Email Address - Email Address of person identified in data line <030>	rson identified	in data line <c< td=""><td></td><td>leah.richter@vantagepnt.com</td><td></td><td></td><td></td><td></td><td></td></c<>		leah.richter@vantagepnt.com					
\a>	<	 	 63>	 4 b 4 >	<c1></c1>	<c2></c2>	\$p\	¢	\$	\ \ \	<u>\$</u>
NORS Reference	Outage Start	Outage Start Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Did This Outage Affect Multiple		
Number	Date	Time	Date	Time	Customers Affected	Total Number of Customers	Affected (Yes / No)	Description (Check all that apply)	Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
						See attached					
					OW	workshoot					
						1001001					

IB Control No. 3060-0819										\$	Total per line Rates and Fees											
FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819	July 2013									<	Mandatory Extended Area Service Charge											
FC	lut.									<bd><bd><bd><bd><bd><bd><bd><bd><bd><bd></bd></bd></bd></bd></bd></bd></bd></bd></bd></bd>	State Universal Service Fee											
			CORP		Su Su	ext.	leah.richter@vantagepnt.com			<	State Subscriber Line Charge				See attached worksheet							
		320751	CITIZENS TEL CORP	2016	Leah Richter	030> 6059951793 ext.		1/1/2015		 	Residential Local Service Rate				See a#	5						
					ng this data	itified in data line <	ntified in data line <	1/1/		 	Rate Type	•										
lata					contact regardin	er of person ider	ss of person ider	ective Date	ervice Charge	<a3></a3>	SAC (CETC)											
(700) Price Offerings including Voice Rate Data Data Collection Form		de	me		Contact Name - Person USAC should contact regarding this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge	<a2></a2>	Exchange (ILEC)											
(700) Price Offerings in Data Collection Form		Study Area Code	Study Area Name	Program Year	Contact Name	Contact Telep	Contact Email	Residential Lo	Single State-w	<a1></a1>	State											
(700) Pri		<010>	<015>	<020>	<030>	<032>	<039>	<701>	<702>	<703>												

						OMB Cont July 2013	rol No. 3060-0986/	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code			320751					
<015> Study Area Name			CITIZENS TEL CORP)RP				
<020> Program Year			2016					
<030> Contact Name - Person L	Contact Name - Person USAC should contact regarding this data	nis data	Leah Richter					
<035> Contact Telephone Num	Contact Telephone Number - Number of person identified in data line <030>	ed in data line <030>	6059951793 ext.					
<039> Contact Email Address - I	Contact Email Address - Email Address of person identified in data line	ed in data line <030>	leah.richter@vantagepnt.com	antagepnt.com				
	ć	-	ė -		3	ġ	<u>2</u>	=
<711> <a1></a1>	<a2></a2>	 b1>	<	\$\$ \$	<d1></d1>	<d2></d2>	<d3></d3>	<d4>></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
			- See attached	ped				
			Lordopoot					
			ייים ואסו אסו אייים איייים אייייים.					

do (008)	(800) Operating Companies			FCC Form 481
Data Col	Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	320751		
<015>	Study Area Name	CITIZENS TEL CORP	ORP	
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com	antagepnt.com	
<810>	Reporting Carrier Citizens Telephone Corporation			
<811>	Holding Company Not Applicable			
<812>				
<813>	<a1></a1>		<a2></a2>	<a3></a3>
	Affiliates		SAC	Doing Business As Company or Brand Designation
•				
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	F (() ()
(300) Iribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	320751
	CTITERNS TRI. CORP
	2016
	Leah Richter
<035> Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com
<910> Tribal Land(s) on which ETC Serves	
J	
<920> Tribal Government Engagement Obligation	
	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Facilities Siting rules <926> Compliance with End Use permitting requirements <928> Compliance with Tribal Business and Licensing requirements.	Select Yes or No or Not Applicable

1100) N	1100) No Terrestrial Backhaul Reporting	FCC Form 481
ata Col	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year 20	2016
<030>	e - Person USAC should contact regarding this data	Leah Richter
<032>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030> $_{\scriptscriptstyle 16}$	leah.richter@vantagepnt.com
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	sdo

or the website listed, on line 1220, contains the required information pursuant to \$54.42(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: 1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, telephony service plans offered as part of the plan, cardials on the number of minutes provided as part of the plan. cardials and rates for each such plan. cardials and cardials are cardials and cardials and cardials are cardials are cardials and cardials are cardials are cardials a
e`
23> Additional charges for toll calls, and rates for each such plan.

2000) Pric	(2000) Price Cap Carrier Additional Documentation	FCC Form 481
oata Colle	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
ncluding F	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010>	Study Area Code	
	Study Area Name	520751
	Program Year	CLITZENS TEL CORP
١.	Contact Name - Person USAC should contact regarding this data	2016
<032>	Contact Telephone Number - Number of person identified in data line <030>	Lean Richter
<039>	Contact Email Address - Email Address of person identified in data line <030>	602991193 ext.
		leah.rıchter@vantagepnt.com
Select the Connect A	Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost s Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.	Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.
<2010> <2011a>	Incremental Connect America Phase I reporting 2nd Year Certification {47 CFR § 54.313(b)(1)i} 3rd Year Certification {47 CFR § 54.313(b)(1)ii}	
<2011b>	Attachment {47 CFR § 54.313(b)(1)ii}	
		Name of Attached Document(s) Listing Required Information
<2012> <2013> <2014> <2015>	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)} 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)} 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}	
<2016>	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband	
<2017> <2018> <2019>	Connect America Phase II Reporting {47 CFR § 54.313(e)} 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on line 2021,contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	2021,contains the required information III provide the number, names, and ccess to broadband service in the
<2021>	Interim Progress Community Anchor Institutions	
		Name of Attached Document(s) Listing Required Information

(3000) Ra	(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481	
Data Coll	Data Collection Form	OMB Control	OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013	
- <010>	Stridy Area Code	320751	
<015>	Study Area Name	CITIZENS TEL CORP	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter	
<039>		6059951793 ext. leah.richter@vantagepnt.com	
CHECK 1	the boxes below to note compliance on its five year service quality plan (pursuar CFR § 54.313(f)(2). I further certify that th	CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 19.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.	financial reporting requirements set forth in 47 e.
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i)		
(3011)	Name of Attached Document Listing Required in Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$5.4313 (f)(i)), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding cale was the community anchor institutions to which began providing access to broadband service in the preceding at wear.	Name of Attached Document Listing Required Information 3012 contains the required information pursuant to esses of community anchor institutions to which began	
(3012)			
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	1
Please	check these boxes to confirm that the attached document(s), on line 301.	Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	ires:
(3015)	Electronic copy of their annual RUS reports (Telecommunications Borrowers)	C C	
(arne)	Document(s) for balance offeet, income statement and statement of cash Flows	den Flows	٦
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
(3018)	If the resnonse is no on line 3014. Is vour company audited?	Name of Attached Document Listing Required Information (Pil)	7
(2400)			
(3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	_	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	ash Flows	
(3021)	Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit	ublic accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3023)	Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. Underlying information subjected to Informe Statement and Statement of Cash Flows	ash Flows	
(222)	Doddingin(s) for Dalance Orices, modifie	agni 1903 320751in3026.pdf	
(3026)	Attach the worksheet listing required information		

7140 Cantol South Court and State Court and St
UNID CONTROL SUGO, USBB/ CIVIL

<010>	<010> Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	<020> Program Year	2016
<030>	<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
<035> Col	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030>	lank of aktoria

inancial Data Summary	(3027) Revenue	(3028) Operating Expenses	(3029) Net Income	(3030) Telephone Plant In Service(TPIS)	(3031) Total Assets	(3032) Total Debt	(3033) Total Equity	(3034) Dividends	

	tion - Reporting Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	200771
<015>	Study Area Name	320751 CITIZENS TEL CORP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to t	e Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients
I certify that I am an officer of the reporting carrier; my respondering recipients; and, to the best of my knowledge, the information	sibilities include ensuring the accuracy of the annual reporting requirements for universal service support reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

, , , , , , , , , , , , , , , , , , , ,	is authorized to submit the information reported on behalf of the reporting carrier. lities include ensuring the accuracy of the annual data reporting requirements provided to the authorized at to the authorized agent is accurate.
Name of Authorized Agent: Leah Richter	
Name of Reporting Carrier: CITIZENS TEL CORP	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/24/2015
Printed name of Authorized Officer: Joanie Paxson	
Title or position of Authorized Officer: Secretary, Office Manage:	
Telephone number of Authorized Officer: 2603752111 ext.	
Study Area Code of Reporting Carrier: 320751	Filing Due Date for this form: 07/01/2015

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipi	ents on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service suppo the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the inform:	
Name of Reporting Carrier: CITIZENS TEL CORP	ition reported herein is accurate.
lame of Authorized Agent or Employee of Agent: Leah Richter	
gnature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/24/2015
rinted name of Authorized Agent or Employee of Agent: Leah Richter	
itle or position of Authorized Agent or Employee of Agent Senior Financial Analyst	
elephone number of Authorized Agent or Employee of Agent: 6059951793 ext.	
tudy Area Code of Reporting Carrier: 320751 Filing Due Date for this form: 07/01	/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act on 18 of the United States Code, 18 U.S.C. § 1001.	f 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

Servic	(200) Service Outage Reporting (Voice) Data Collection Form	orting (V	oice)						FCC Form 481 OMB Control No. July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	ol No. 3060-0819
S	Study Area Code	م ا م					320751 CITIZENS TEL CORP	71. CORP			
l d	Program Year						2016				
ا ا ا	Contact Name - Person USAC should contact regarding this data	Person US	AC should cor	ntact regard	Jing this data		Leah Richter 6059951793 ext.	er ext.			
<035> C	ontact lelepno ontact Email A	ddress - En	er - Number o nail Address o	r person la f person id	Contact Telephone Number - Number of person Identified in data line <usus) -="" <030="" address="" contact="" data="" email="" identified="" in="" line="" of="" person=""></usus)>		leah.richte	leah.richter@vantagepnt.com			
<a>>	 b1>	<bs></bs> b2>	<	<b4>></b4>	<c1></c1>	<c2></c2>	>	<e></e>	<\$>	<g></g>	<h></h>
NORS Reference Number	Outage Stark Date	Outage t Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
	09/04/2014	15:00	09/04/2014		100	1300	Yes	Wireline (including cable) Voice (non-VoIP), Electricom cut conduit; 300 pair cable cut		Pulled extra cable from vault and re-spliced cable	Discussed with contractor; asked them to assume every conduit has working cable in it.
											Ì

(700) Pri	ce Offerings	(700) Price Offerings including Voice Rate Data	ata				FC	FCC Form 481	
Data Col	Data Collection Form	u					O or	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	Control No. 3060-0819
<010>	Study Area Code	Code			320751				
<015>	Study Area Name	Name			CITIZENS TE	TEL CORP			
<020>	Program Year	ear			2016				
<030>	Contact Na	Contact Name - Person USAC should contact regarding this data	contact regard	ing this data	Leah Richter	'n			
<032>	Contact Te	Contact Telephone Number - Number of person identified in data line	r of person ide	ntified in data line <	<030> 6059951793 ext.	ext.			
<039>	Contact En	Contact Email Address - Email Address of person identified in data line <030>	ss of person ide	ntified in data line <		leah.richter@vantagepnt.com			
<701>	Residential	Residential Local Service Charge Effective Date	ctive Date	1/1	1/1/2015				
<702>	Single Stat	Single State-wide Residential Local Service Charge	ervice Charge						
<703>									_
	<a1></a1>	<a2></a2>	<a3></a3>	 	<bs></bs> <bs></bs> <br< td=""><td><</td><td> b4></td><td><</td><td><c></c></td></br<>	<	 b4>	<	<c></c>
	State	Exchange (IIEC)	SAC (CETC)	Rate Tyne	Residential Local	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area	Total ner line Rates and Feed
	NI	Warren		FR	12.24	4.91	60.0		17.24
	NI	Liberty Center		FR	12.49	4.66	60.0	0.0	17.24

(710) Bro Data Coll	(710) Broadband Price Offerings Data Collection Form	Offerings							FCC Form 481 OMB Control No. 306 July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	<010> Study Area Code	de			3:	320751				
<015>	<015> Study Area Name	ime			Ü	CITIZENS TEL CORP				
<020>	<020> Program Year				2	2016				
<030>	Contact Name	<030> Contact Name - Person USAC should contact regarding this data	d contact regarding	this data	Т	Leah Richter				
<032>	Contact Telep	<035> Contact Telephone Number - Number of person identified in data line	er of person identi	fied in data line <030>		6059951793 ext.				
<039>	Contact Email	<039> Contact Email Address - Email Address of person identified in data line	ess of person identi	ified in data line <030>		leah.richter@vantagepnt.com	ont.com			
<711>	<711>	<a2></a2>	 b1>	<bs></bs> <bs></bs> <br< td=""><td><u>ې</u></td><td><d1></d1></td><td><d2></d2></td><td><¢p><</td><td></td><td><d4></d4></td></br<>	<u>ې</u>	<d1></d1>	<d2></d2>	<¢p><		<d4></d4>

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Watzen 18.95 0.0 18.95 0.75 10.0 Watzen 12.0 0.0 32.0 4.0 1.0 100.0 Watzen 46.0 0.0 32.0 1.0 100.0 Watzen 63.0 0.0 63.0 1.0 100.0 Watzen 52.0 0.0 52.0 1.0 100.0 Watzen 74.0 0.0 52.0 1.0 100.0 Watzen 74.0 0.0 52.0 1.0 100.0 Liberty Center 18.95 0.0 52.0 1.0 100.0 Liberty Center 63.0 0.0 62.0 1.0 100.0 Liberty Center 63.0 0.0 63.0 1.0 100.0 Liberty Center 63.0 0.0 63.0 1.0 100.0 Liberty Center 63.0 0.0 63.0 1.0 1.0 100.0 Liberty Center 63.0 0.0 69.0 1.0	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed	(sd	Usage Allowance (GB)	Usage Allowance Action Taken When I imit Reached (celect)
Watten 12.0 0.0 92.0 4.0 1.0 100.0 Watten 46.0 0.0 6c.0 1.0 1.0 100.0 Watten 63.0 0.0 65.0 15.0 1.0 100.0 Watten 69.0 0.0 52.0 15.0 1.0 100.0 Watten 69.0 0.0 14.0 25.0 1.0 100.0 Liberty Center 19.59 0.0 18.95 0.75 10.0 100.0 Liberty Center 65.0 0.0 4.0 1.0 100.0 100.0 Liberty Center 65.0 0.0 65.0 15.0 1.0 100.0 Liberty Center 65.0 0.0 65.0 15.0 1.0 100.0 Liberty Center 69.0 0.0 65.0 15.0 1.0 100.0 Liberty Center 69.0 0.0 65.0 15.0 1.0 100.0 Liberty Center 69.0 0.0 <th>NI</th> <th>Warren</th> <th>18.95</th> <th>0.0</th> <th>18.95</th> <th>0.75</th> <th>0.25</th> <th>100.0</th> <th>Other, Unlimited Access</th>	NI	Warren	18.95	0.0	18.95	0.75	0.25	100.0	Other, Unlimited Access
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Liberty Center 69.0 0.0 69.0 15.0 1.0 100.0 Image: Control of the cont	IN	Liberty Center	52.0	0.0	52.0	8.0	1.0	100.0	Other, Unlimited Access, Business
	IN	Liberty Center	0.69	0.0	0.69	15.0	1.0	100.0	Other, Unlimited Access, Business

CITIZENS TELEPHONE CORPORATION (SAC 320751)

ATTACHMENT LINE 112

Service Quality Improvement Reporting Pursuant to 47 C.F.R § 54.313(a)(1)

ATTACHMENT REDACTED IN ENTIRETY

Attachment Line 510

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION

Reporting Period January 1 – December 31, 2014

Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with

applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders from existing locations within 24

business hours of the request. Carrier completes installation requests and responds to service orders to

new locations within no longer than 2 business days of the request, as new facilities have to be buried.

Carrier provides bill notification 30 days in advance of any customer rate changes. Carrier provides

notice to customers of their billing practices through their customer service agreement located on their

Carrier's website and in their retail office. Notice is also provided in their telephone directory which is

updated annually. Carrier's procedures for receiving emergency calls during non-business hours include

forwarding the emergency calls to the on-call central office technician who then follows Carrier's Disaster

Recovery Plan calling order to remedy the situation.

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI

certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached are copies

of Carrier's customer application which includes matters related to customer privacy. Also attached is

Carrier's Phone Directory information related to customer privacy. Carrier has also implemented an

Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

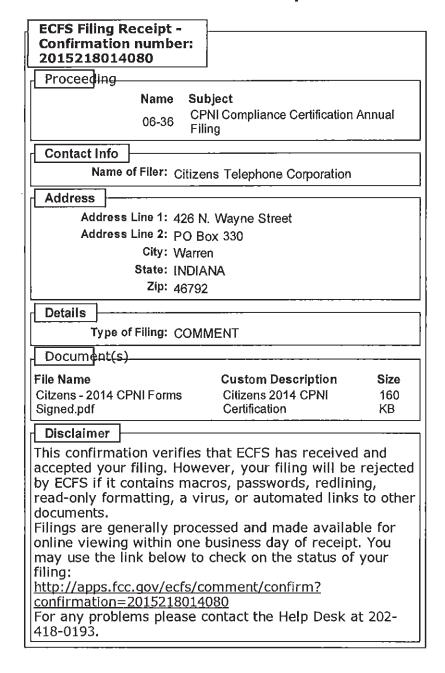
I verify that the foregoing is true and correct. Executed on June 3, 2015.

_/s/ Neil Laymon

Neil Laymon, General Manager, Citizens Telephone Corporation

SAC: 320751

Your submission has been accepted



CITIZENS TELEPHONE CORPORATION

426 N Wayne Street

P.O. Box 330

Warren IN 46792

Serving Warren and Liberty Center Exchanges

Attachment Line 510

260-375-2111

FAX 260-375-2244

February 18, 2015

Ms. Marlene H. Dortch Federal Communications Commission (FCC) Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re: EB Docket No. 06-36

Dear Ms. Dortch:

Enclosed for electronic filing in compliance with the FCC customer proprietary network information (CPNI) rules under 47 C.F.R. § 64.2009(e) is the 2014 CPNI annual compliance certification and accompanying statement of operating procedures for Citizens Telephone Corporation (499 Filer ID: 801066).

Please contact me if you have any questions or concerns regarding this filing.

Respectfully Submitted,

Joanie Paxson Compliance Officer

joanie@citznet.com

260-375-2111

Attachments

Attachment: Accompanying Statement of Operating Procedures

Per the FCC CPNI rules [47 CFR §64.2009(e)] and as referenced in the attached signed certification, Citizens Telephone Corporation, herein referenced as the Company hereby certifies that the Company [and its affiliates] is in compliance with the FCC CPNI rules and has outlined some of the important operating procedures below in order to ensure the Company's compliance in the protection of CPNI:

- 1. CPNI manual has been reviewed in order to ensure compliance for all FCC CPNI rules and has been adopted by our Company's board
- 2. CPNI Compliance officer has been designated and oversees all CPNI duties, training, and activity
- 3. Employees have been trained on when they are, and are not, authorized to use or disclose CPNI
 - Disciplinary process has been defined and is in place for violations and/or breaches of CPNI
- 4. Carrier authentication requirements have been met
 - All customers during a customer-initiated telephone call are authenticated as being an authorized account contact before discussing CPNI (non-call detail or call detail) without utilizing readily available biographical or account information as defined by the FCC
 - Call detail is only released to customers during customer-initiated telephone contact if a password is provided. If the requesting customer does not provide a password, only the following FCC approved methods are permitted for the release of the requested call detail:
 - Sending the requested detail to the address of record (only a physical or email address associated with that particular account that has been in our company files for at least 30 days)
 - Calling the customer back at the telephone of record (only disclosing if the customer was authenticated as being an authorized account contact)
 - Having customer come in to Company's office and provide a valid government issued photo ID
- 5. Notice to customer of account change as customers are notified immediately when a customer creates or changes one of the following:
 - o password
 - o customer response to a back-up means of authentication for lost or forgotten passwords
 - o online account
 - o address of record
- Notice of unauthorized disclosure of CPNI, a notification process is in place in order to notify both law enforcement and customer(s) in the event of a CPNI breach within the timeline specified by the FCC
- 7. CPNI is not utilized for marketing purposes
 - Marketing campaigns are only done by sending promotions to all customers, which are documented
 - o One time oral marketing approval method may be used at times
- 8. Additional protection measures are taken above and beyond the current FCC CPNI rules
 - Company takes reasonable measures to discover and protect against activity that is indicative of pretexting
 - o Company maintains security of all CPNI, including but not limited to:
 - Documents containing CPNI are shredded
 - Computer terminals are locked when employee is not at the station

Annual 47 C.F.R. § 64.2009(e) CPNI Certification

EB Docket 06-36

Annual 64.2009(e) CPNI Certification for 2014

Date filed: February 18, 2015

Name of company covered by this certification: Citizens Telephone Corporation

Form 499 Filer ID: 801066

Name of signatory: Joanie Paxson

Title of signatory: Compliance Officer

I, Joanie Paxson, certify that I am an officer of the company named above, and acting as an agent of the company, that I have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the Commission's CPNI rules. See 47 C.F.R. § 64.2001 et seq.

Attached to this certification is an accompanying statement explaining how the company's procedures ensure that the company is in compliance with the requirements set forth in section 64.2001 et seq. of the Commission's rules. See attached accompanying statement of operating procedures.

The company has not taken any actions (proceedings instituted or petitions filed by a company at either state commissions, the court system, or at the Commission against data brokers in the past year.

The company has not received any customer complaints in the past year concerning the unauthorized release of CPNI.

The company currently has no information with respect to the processes pretexters are using to attempt to access CPNI. At this time, we have not encountered known pretexting. Our protective measures against pretexters are outlined in the accompanying statement of operating procedures.

The company represents and warrants that the above certification is consistent with 47 C.F.R. §1.17 which requires truthful and accurate statements to the Commission. The company also acknowledges that false statements and misrepresentations to the Commission are punishable under Title 18 of the U.S. Code and may subject it to enforcement action.

Sianed:

Attachment: Accompany Statement explaining CPNI procedures

ACC Plan for Customer Proprietary Network Information (CPNI)

Attachment Line 510
REDACTED – FOR PUBLIC INSPECTION

Your Customer Proprietary Network Information Rights

In the normal course of providing your telephone service, Citizens Telephone Corporation maintains certain information about your account. This information, when matched to your name, address and calling or originating billing telephone number, is known as your customer specific "Customer Proprietary Network Information," or CPNI for short. Examples include the type of line you have, service features like Touch tone and Caller ID, class of service, telephone charges, long-distance and local service billing records, directory assistance charges, and historical call records and patterns. Some service providers, elected by you, offering additional telecommunication services, such as INTRA/INTER LATA long-distance providers and Internet call-forwarding services, may have customer information and historical call data. You should consult the third party vendor's CPNI policy for information on their use, privacy, and your rights, of your CPNI.



Currently, Citizens Telephone Corporation does not market additional services, nor do we sell customer information to any third party. However, we reserve the right, afforded by law, to use your CPNI to market additional local telephone services to you in the future, as well as enhanced features and long distance services. The Federal Communications Commission has adopted rules stating that Citizens Telephone Corporation may not use your CPNI to market certain telecommunications related services or features to you if you have requested that the CPNI be considered "restricted/opt-out" for this purpose. If you wish to have your CPNI "restricted/opt-out," call the Citizens Telephone Corporation office at (260) 375-2111. Tell us that you wish to restrict our use of your customer information. The restriction will remain in effect until you notify us otherwise. Please note that restricting your CPNI will not eliminate all of our marketing contacts with you. You could still receive marketing contacts from us that are not based on your CPNI. Also, we are permitted to use your CPNI to contact you about additional local telephone and other services when we already provide you that same type service. Finally, even if your CPNI is restricted, we may still use it to market any other telecommunications services or features with your permission or if you contact us and ask about them.

CITIZENS TELEPHONE CORPORATION **Authorized Account Contacts**

Attachment Line 510

Per the new FCC rules regarding Customer Proprietary Network Information (CPNI) as described in the attached notice, this form needs to be completed and returned to our office.

The current authorized account contacts are listed below. Please mark whether you would or would not like to add another contact to the account at this time. If you do add another contact, please provide their name(s) in the lines below.

Services Su	ipplied by Citizens (ple	ease mark all the	at apply)			40	
Phone	Internet	c	able TV				
rent Autho	rized Account Contact	s for (account	number):		(260)		
	Contact:		4				
No. of this ti	ma I da nat want ta add	any additional s	uthorized	aantaa	to to i	mu 00001	unt
ivo, at this ti	me I do not want to add	any additional a	aumonzea	contac	is to i	ny accor	unt.
Yes, at this	time I would like to add	the following pe	ople as au	thorize	d con	tacts for	my acc
		_					
							-
			131				
ail Address	*.						
		4					
*The FCC do	es allow call detail CPNI	to be sent to an	email acco	unt of	record	i.	
However, thi						and the second	
	s email address must be	in the company	files for at	least 3	0 days	before	
	s email address must be sent to it. If you would li						
CPNI can be		ike our company					
CPNI can be	sent to it. If you would li	ike our company					*
CPNI can be record" in ou	sent to it. If you would li ir files, please provide th	ike our company e address.	to have an	"ema			+
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CITIZENS TELEPHONE CORPORATION

Attachment Line 510

Password Set Up REDACTED - FOR PUBLIC INSPECTION

Per the new FCC rules regarding Customer Proprietary Network Information (CPNI) as described in the attached notice, this form needs to be completed and returned to our office.

Reminder: Due to the new CPNI FCC rules, if you request call detail information you must supply this password before the information can be disclosed. If you do not remember the password, the security questions below will be used for verification and a new password will be established. If a password can not be supplied for call detail information, there are only a few ways mandated by the FCC in order to obtain the information.

- (1) Have the telephone representative call you back, but only at the telephone number of record
- (2) Have the telephone representative mail you the requested call detail information, but only to the
- (3) You, the authorized account customer, must come to the telephone office and show your valid government issued photo ID

Current Auth	norized Account Contacts for (phone number): (260) -
	Contact:
	Contact:
Authorized	Customer Chosen Password*:
	(Between 5-10 characters in length - Alpha, Numeric, or Alpha/Numeric Mixed - no spaces or sym
ddress, etc.	ord can not be historical information such as based on your social security number, The FCC is trying to minimize the possibility of false identification for supplying call deta not use anything that someone else would be able to access.
Security Que	estions & Answers:
customer if t	security questions and fill in the answer. This will be used to verify you as the authorized the password can not be remember. The telephone representative will ask you the chosen and wait for the proper answer (that you complete below) before the password is re-established.
1.	What was your first childhood pet's name?
2.	Where were you born?
	(You can use city and state, just state, just city, state abbreviation, zip code, city nick name, etc. Just remember they way you have chosen to answer this.)
3.	What is your favorite color?
4.	As a child, what was your dream job?
5.	What brand of shampoo do you use?
	Authorized By:
	(Signature of authorized contact currently listed on the account)
	Date:
Please use th	e enclosed envelope to return the completed form to our office at:
	Citizens Telephone Corporation 426 N. Wayne Street, PO Box 330 Warren, IN 46792-0330
or questions	regarding this form or the new CPNI company policies, please contact:
	Joanie Paxson
	CPNI Compliance Officer

(260) 375-2111 Phone Number

FACT ACT RED FLAG IDENTITY THEFT PREVENTION MANUAL

COMPLIANCE OFFICER ANNUAL RFITP REPORT

To be compliant with the RFITP responsibilities and duties designated to me as Compliance Office, I must present an annual report to the Board of Directors for Citizens Telephone Corporation.

The RFITP rules state:

"Compliance Officer must prepare and present annual report to the Board. In order to do so, the Compliance Officer must have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the requirements of the Red Flag rules. The annual report should address material matters related to the Red Flag Identity Theft Prevention manual and evaluate issues such as: the effectiveness of policies and procedures of our Company in addressing the risk of identity theft in connection with the opening of covered accounts and with respect to existing covered accounts; service provider arrangements; significant incidents involving identity theft and management's response; and recommendations for material changes to the manual, which will need to be approved by the Board."

As Compliance Officer's appointed by the Board of Directors, we hereby report:

For the period November 1, 2013 thru October 31, 2014 there was no security breaches reported by Citizens Telephone subscribers, or from any of our 3rd Party Providers.

Dated this 5th day of December 2014.

Joan Paxson, Compliance Officer

Cammy Ackley, Compliance Officer

ANNUAL REVIEW OF THE BOARD OF DIRECTORS OF CITIZENS TELEPHONE CORPORATION

FACT ACT RED FLAG IDENTITY THEFT PREVENTION MANUAL

RESOLUTION: At a meeting of the Board of Directors of Citizens Telephone Corporation & Warren Cable Company, hereafter referred to as the Board, which was
held on this day of 2015, the following report was unanimously approved:
In order to comply with the FACT Red Flag Identity Theft Prevention Program, the Board of Directors of Citizens Telephone Corporation must review and approve the annual report submitted by the Compliance Officer.
This report has been submitted by Co-Compliance Officers Joan Paxson and Cammy Ackley.
IN WITNESS WHEROF, I have affixed my name as President of said Citizens Telephone Corporation, this day of 2015.
(Neil Laymon, President)

Attachment Line 610

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION

Reporting Period January 1 – December 31, 2014

Sec. 54.313(a)(6) Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to

function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional

in an emergency situation through the use of back-up power to ensure functionality without an

external power source. Carrier has generators for power reserve in their Central office and Liberty

Center Office. Carrier's rural Remotes each have up to 8 hours battery backup and Carrier also

has 2 portable 50kW generators to service the Rural Remotes in the event of an extended

outage. Battery charging takes 2 hours which allows time to charge and move to another remote

if needed. This backup enables it to provide service for a reasonable period of time if external

power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of

traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use

in re-rerouting traffic when facilities are damaged. Carrier also has in place a Disaster Recovery

Plan, which has been reviewed, approved and adopted by the Board of Directors and Carrier.

I verify that the foregoing is true and correct. Executed on June 3, 2015.

/s/ Neil Laymon

Neil Laymon, General Manager, Citizens Telephone Corporation

SAC: 320751

REVIEW OF THE BOARD OF DIRECTORS CITIZENS TELEPHONE CORPORATION

DISASTER RECOVERY PLAN

Telephone as the	Corpo Board,	ration & Y which v	Warren Ca vas held	on this	any, herea	rs of Citizens fter referred to day of unanimously
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Citizens	Telep		Corporation		me as Pre	sident of said _ day of
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(Neil Laymon, President)

Attachment Line 1010

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION

Reporting Period January 1 – December 31, 2014

47 CFR 54.313(a)(10) - Voice Services Rate Comparability

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the

pricing of Carrier's voice services is no more than two standard deviations above the applicable national

average urban rate for voice service, as specified in the most recent public notice issued by the Wireline

Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the

surveyed incumbent LECs in urban areas is \$47.48. This was published in the FCC's Public Notice, WC

Docket No. 10-90, DA 15-470, released April 16, 2015. Carrier's voice service rates are less than two

standard deviations in relation to the applicable 2015 national average urban rate as established by the

WCB.

I verify that the foregoing is true and correct. Executed on June 3, 2015.

/s/ Neil Laymon

Neil Laymon, General Manager

Citizens Telephone Corporation

SAC: 320751

(1200) Terms and Conditions for Lifeline Program Consumers

Study Area Code: 320751

Study Area Name: Citizens Telephone Corporation

Citizens Telephone Corporation publishes Lifeline Information in their phone directory, advertises in the local newspapers and also publishes information within their yearly newsletter.

Citizens Telephone Corporation's Rates and Pricing http://www.citznet.com/content/telephone-service

Frequently Asked Questions on Citizens Telephone Corporation's website http://www.citznet.com/content/faq:

Q. Are there programs available to help make telephone service more affordable for low-income customers? How is eligibility determined, and where can I apply?

A.Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. If you participate in social programs, such as Supplemental Security Income (SSI), Food Stamps, Low Income Home Energy Assistance (LIHEAP), Temporary Assistance to Needy Families (TANF), Medicaid, Federal Public Housing Assistance, National School Lunch Program or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill. This "universal service" system includes:

- Lifeline assistance provides discounts for basic monthly local telephone service
- Link-up reduces the cost of initiating new telephone service

Eligibility for these programs varies by federal and state guidelines. To find out whether you qualify, you need to fill out standard forms available at our office and other state and local government offices in the area. While we participate in these federal and state programs based support programs, we are not responsible for determining who qualifies, and therefore who receives assistance. Customers must meet specific, pre-determined regulations in order to obtain assistance with their local telephone service.

The Universal Service Administration lists full details and state-specific Lifeline contact information, at www.lifelinesupport.org. Or you can call toll free, 1-888-641-8722, if you have questions about the Lifeline and Linkup discounts.

What are the restrictions?

must reside at the location for which vireless provider, it is not available from Citizens Telephone. Applicant relephone service. This discount is service per household. If you are the telephone service is provided. available for only one telephone Lifeline discounts will only apply eceiving this discount from a coward the basic residential

How do I verify eligibility?

wireless account.

bringing the necessary documents to eligibility programs or income based eligibility. Proof can be obtained by proof of participation in one of the could include your benefit ID card, Applicants who qualify must show statement of benefits. Annual reauthorized agency or prior year's Citizens Telephone office. This certification will be required to copy of eligibility letter from remain on Lifeline.

How do I sign up?

Applications are available at Citizens Telephone's office.

receive a discount on telephone companies either a wireline or subscribers, which lowers the cost of You are eligible to telephone service. offer discounts to PROGRAM helps The LIFELINE their monthly



Warren IN 46792 www.citznet.com 426 N Wayne St 260-375-2111 PO Box 330

Yes, you can telephone service afford



ASSISTANCE PROGRAM



Citizens Telephone Corporation



PROGRAM BASED ELIGIBILITY

You must provide proof of participation in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance (Food Stamps)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance Section 8
- Low Income Energy Assistance to Needy Families (TANF)
- National School Lunch Program's Free Lunch

Every person in America should have access to quality, affordable telecommunication service. The principle of "Universal Service" has been the goal of the telecommunications industry for decades. In 1934, the federal government codified the goal and reaffirmed it in 1996 by establishing policies for the "preservation and advancement of Universal Service."

Service is another program available to control what they spend on telephone ong distance service. Lifeline and Toll Limitation support provides discounts To achieve the Universal Service goal, telecommunications providers in the ow income subscribers to help them generated by contributions from the to eligible low income consumers to carriers have access to a fund that is United States. Telecommunications provide four programs that support Program is a part of the Fund's Low companies draw from the fund to help them establish and maintain ncome Program. Toll Limitation nationwide. Lifeline Assistance telecommunications services telephone service.

INCOME BASED ELIGIBILITY

Calculate the total household income by adding the income from all adult persons in the household in the below categories to see if you qualify:

Wages	
Social Security Benefits	
Retirement Benefits	
Alimony	
Child Support	
Unemployment Benefits	
Worker's Compensation	
TOTAL	

Yearly Income
\$15,755
\$21,236
\$26,717
\$32,198
\$37,679
\$43,160
\$48,641
\$54,122

For each additional person, add \$5,481

You must provide proof of income.

Examples include your prior year's income tax return or most recent statements from each type of current income sources noted above.

REDACTED - FOR PUBLIC INSPECTION LIFELINE ASSISTANCE APPLICATION **New Service** Certification for Landline Service Providers Recertification **SECTION A** – PERSONAL INFORMATION (REQUIRED) Attachment Line 1210 The person below MUST BE the same person listed on the telephone bill. Please remember to complete Section D on the reverse side. Complete Phone # Date **Subscriber Name** Service Address **Billing Address** Room # or Apt # City,St,Zip City, St, Zip Last 4 Digits of SSN Date of Birth (M/D/Y) Is this service address temporary? (Required) Is this service address a multi-household? (Required) Only one Lifeline service is available per household. For purposes of the Lifeline program: A household is defined as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons, and may not receive Lifeline benefits from multiple providers. Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person. (If you are returning application by mail, please send only copies, not original documents. Documentation will NOT be returned, and will be shredded after verification.) APPLICANT MUST COMPLETE SECTION B OR SECTION C SECTION B - PROGRAM BASED ELIGIBILITY Check all program (s) in which you or household members are currently enrolled. You must provide proof of program participation. This could include a copy of your benefit ID card, a copy of an eligibility letter from authorized agency or prior year's statement of benefits. ☐ Medicaid (E1) ☐ Supplemental Nutrition Assistance (Food Stamps or Snap) (E2) ☐ Supplemental Security Income (SSI) (E3) ☐ Federal Public Housing Assistance Section 8 (E4) ☐ Low Income Energy Assistance Program (LIHEAP) (E5) Temporary Assistance to Needy Families (TANF) (E6) □ National School Lunch Program's Free Lunch (E7) **SECTION C** – INCOME BASED ELIGIBILITY (E13) Circle qualifying household size Yearly income @ 135% of Federal Poverty Guidelines Household Size \$15,755 1

\$21,236

\$26,717 \$32,198

\$37,679 \$43,160

\$48,641

\$54,122

2

3

4

6

8

$\begin{array}{c} REDACTED-FOR\ PUBLIC\ INSPECTION\\ \text{Calculate the TOTAL household income by reporting the income of all adult persons in your household in the} \end{array}$

appropriate category. REQUIRED INFORMATION IF QUALIFYING BY INCOME.

Attachment Line 1210

INCOME SOURCE	AMOUNT OF INCOME
Prior Year's State or Federal tax return OR Social Security; Retirement Benefits	
Alimony or Child Support Benefits	
Wages	
Unemployment; Worker's Compensation	
TOTAL	

You must provide proof of income as reported above. Examples include your prior year's State or Federal income tax return OR most recent statement(s) from each type of current income sources noted above:

- Three months' worth of your most recent paycheck stub(s)
- · Unemployment/Workmen's Compensation statement of benefits from all employers
- · Child Support documentation showing benefits
- Social Security statement of benefits
- · Federal or Veterans Administration statement of benefits
- Divorce Decree showing Alimony benefits

If you are returning application by mail, please send only copies, not original documents. Documentation will NOT be returned, and will be shredded after verification.

(*) The US Department of Health & Human Services updates the federal poverty guidelines annually. Figures above are using 2013 data.

SECTION D – SIGNATURE SECTION (REQUIRED)

Please read the following statements, initial by each certification, and sign below. (Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.) By initialing below, I certify under penalty of perjury, to each and every one of the following statements:

	I meet the income based or programs based eligibility criteria for receiving Lifeline support and have provided documentation of my eligibility.
	I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including if I no longer meet the income based or program based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit.
	If I move to a new address, I will provide that new address to the telephone company within 30 days.
	If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days.
	My household will receive only one (1) Lifeline service, and to the best of my knowledge, my household is not already receiving a Lifeline service.
	I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.
7	I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
	I acknowledge that information from this certification will be given to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that my household does not receive more than one benefit.

By signing below, I affirm under the penalty of perjury that the form is true and correct to the best of my knowledge.	e information contained in the application and certific	ation
Customer Signature & Printed Name	Date	-
POA Name (If applicable)		
POA Mailing Address & Contact Phone Number		-
Documentation verified by:		

Attachment Line 1210

Dial-Direct

Dial-direct calls are those (excluding Alaska and Hawaii) completed from a residence or business phone without operator assistance.

Long distance direct-dial calls are provided by the carrier of your choice. Rates are set by the carrier you have chosen.

Operator - Assisted

Operator-assisted calls are those requiring the assistance of an Operator to complete the call. These include person-to-person, coin, collect, calling card, billed to a third number, hotel guest, and time and charge calls.

Additional service charges apply when the operator assists in placing your call. Rates are set by the carrier you have chosen.

- Federal Excise Tax applies to all charges.
- Charges are based upon rates in effect at the time of connection at the calling point, calls beginning in one rate period and ending in another are billed for time & rate of each period.

Assistance Programs

Citizens Telephone Corporation participates in the Lifeline program that helps low income customers afford local telephone service. In order to meet the low income eligibility criteria, you must participate in one of the following programs:

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- Medicaid
- Federal Public Housing Assistance
- · National School Lunch Program
- · Low Income/Federal Poverty Guideline

For additional information or application, please contact our office. The discount is only available on one telephone service per household. You may receive the discount on either a wireline or wireless service.



Notice

900 and 976 call in numbers are NOT Toll Free. Charges range from \$.50 to \$25.00 and more, plus additional minutes of use. Know before you dial these numbers!

Calls to directory assistance will be subject to charges from the companies providing long distance service.



Attachment Line 1210 PO Box 330 426 N Wayne Street Warren IN 46792 (Phone) 260-375-2111 (Fax) 260-375-2244

May 19, 2014

Dear Lifeline Assistance Subscriber:

Each year, according to Federal Communications Commission regulations, we must recertify all subscribers that are eligible for the Lifeline Assistance Program. According to our records, you are currently receiving this assistance credit toward your basic local service.

Enclosed you will find application to receive the Lifeline credits. This application is for both new service and also for re-certification. Please take note this is a new form and has changed from the previous form. We are now required to have your date of birth and the last 4 digits of your Social Security number. Please complete the application and return to our office, along with copy of proof, of your participation in the approved program(s) you have indicated. After verification, we will shred the documentation that you provide. If you wish, you can bring the proof to our office and we will verify in person. We must have this verification in order for you to be eligible to receive Lifeline credits.

This application needs to be returned to our office no later than June 18th, in order for you to remain on the assistance program. Failure to return the application and proof of eligibility will result in you being denied the credits effective on your July 1st billing.

Please give our office a call if you should have questions.

Sincerely, CITIZENS TELEPHONE CORPORATION

Cammy Ackley

Cammy Ackley

Enclosure



Attachment Line 1210 426 N Wayne Street Warren IN 46792 (Phone) 260-375-2111 (Fax) 260-375-2244

May 19, 2014

Jim Howell - Salamonie Township Trustee, Huntington County PO Box 14 / Warren IN 46792

Dave Keller - Jefferson Township Trustee, Huntington County 1576 W 1000 S / Warren IN 46792

Bruce Herr - Jackson Township Trustee, Wells County 6620 W 900 S 90 / Warren IN 46792

Diane Rockwell - Liberty Township Trustee, Wells County PO Box 122 / Liberty Center IN 46766

Gary Story - Chester Township Trustee, Wells County 7898 S Meridian Rd / Poneto IN 46781

Attention Township Trustees:

Each year, according to Federal Communications Commission regulations, we must recertify and provide public notice to any telephone subscribers that may be eligible for the Lifeline Assistance Program.

Enclosed you will find applications to request the Lifeline credits. This application is for both new service and also for re-certification. Please provide the application to residents that may contact your office for any type of assistance, as they may qualify for the Lifeline program.

Please give our office a call if you should have questions.

Sincerely, CITIZENS TELEPHONE CORPORATION

Cammy Ackley

Cammy Ackley

Enclosures

Attachment Line 1210
PO Box 330
426 N Wayne Street
Warren IN 46792
(Phone) 260-375-2111
(Fax) 260-375-2244



May 19, 2014

Salamonie School / 1063 E 900 S / Warren IN 46792

Huntington North High School / 450 MacGahan St / Huntington IN 46750

Riverview Middle School / 2465 Waterworks Rd / Huntington IN 46750

Southern Wells Elementary / 9120 S 300 W / Poneto IN 46781

Southern Wells High School / 9120 S 300 W / Poneto IN 46781

Each year, according to Federal Communications Commission regulations, we must recertify and provide public notice to any telephone subscribers that may be eligible for the Lifeline Assistance Program. According to Lifeline guidelines, students that qualify for the School Lunch Program also qualify for the Lifeline assistance program.

Enclosed you will find application to request the Lifeline credits. This application is for both new service and also for re-certification for those residents within our serving area. Please provide this application to students that qualify for the lunch program, as their household may also qualify for the Lifeline program.

Please give our office a call if you should have questions.

Sincerely, CITIZENS TELEPHONE CORPORATION

Cammy Ackley

Cammy Ackley

Enclosure



PO Box 330 426 N Wayne Street Warren IN 46792 (Phone) 260-375-2111 (Fax) 260-375-2244

May 19, 2014

Heritage Pointe Administration Attn: Linda Shuttleworth 801 Huntington Av Warren IN 46792

Each year, according to Federal Communications Commission regulations, we must recertify all subscribers that are eligible for the Lifeline Assistance Program. According to our records, the enclosed customers are receiving this assistance credit toward their basic local service.

Enclosed you will find application to request the Lifeline credits. This application is for both new service and also for re-certification. Please complete the application and return to our office, I have also enclosed blank sheets in the event you have other residents that now qualify. Please take note this is a new form and has changed from the previous form. We are now required to have the date of birth and last 4 digits of the Social Security number so please verify this information.

I need all certifications returned no later than June 18th, in order to recertify their participation.

Please give me a call if you should have questions.

Sincerely, CITIZENS TELEPHONE CORPORATION

Cammy Ackley

Cammy Ackley

Enclosures

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION

Reporting Period January 1 – December 31, 2014

Sec. 54.313(f)(1)(i) Milestone Certification

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking

reasonable steps to provide upon reasonable request broadband service at actual speeds of at

least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications,

including Voice over Internet Protocol, and usage capacity that is reasonably comparable to

comparable offerings in urban areas as determined in an annual survey, and that requests for

such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 3, 2015.

_/s/ Neil Laymon

Neil Laymon, General Manager, Citizens Telephone Corporation

SAC: 320751

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION

Reporting Period January 1 – December 31, 2014

Sec. 54.313(f)(1)(ii) Community Anchor Institutions

Pursuant to § 54.313(f)(1)(ii) for Rate-of-Return Carriers, Carrier hereby certifies the following

number, names, and addresses of community anchor institutions to which the ETC newly began

providing access to broadband service in the preceding calendar year.

Access to broadband services has been available prior to 2014 to all known anchor institutions

within Carrier's service area. All requests for broadband services, and speed, were fulfilled in

2014. Carrier continues to monitor customer demand and technological innovation, planning to

size its network in anticipation of requests and demand for higher speed broadband needs.

I verify that the foregoing is true and correct. Executed on June 3, 2015.

/s/ Neil Laymon

Neil Laymon, General Manager, Citizens Telephone Corporation

SAC: 320751

CITIZENS TELEPHONE CORPORATION (SAC 320751)

ATTACHMENT LINE 3026

Financial Reports
Pursuant to 47 C.F.R § 54.313(f)(2)

ATTACHMENT REDACTED IN ENTIRETY